Detailed Summary Page	SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENT	' Use separate sc	neaule(s) (chec	LINE NUMBER: PAGE 189 / 210
NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS Mailing Address 1157 San Bernard City State Zip Code TX 78702 Purpose of Disbursement Campaign contribution Candidate Name Rep. Lioyd Dogget Full Name (Last, First, Middle Initial) Disbursement For: 2008 Santa Barbara CA 93121 Purpose of Disbursement Campaign contribution Candidate Name Rep. Lois Capps Office Sought: X House President State: CA District: 23 Full Name (Last, First, Middle Initial) Fresident State: CA District: 23 Full Name (Last, First, Middle Initial) Full Name (Detailed Summa	ry Page 2	7 28a 28b 28c 29
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